| PATENT APPLICATION FEE DETERMINATION RECORD  Effective January 1, 2003  10 - 646 - 099   |  |                                  |                                       |                                   |                                  |                  |                   |   |                        |    |                         |                        |  |
|--|--|----------------------------------|---------------------------------------|-----------------------------------|----------------------------------|------------------|-------------------|---|------------------------|----|-------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |                                  |                                       |                                   |                                  |                  | SMALL ENTITY TYPE |   |                        | OR | OTHER THAN SMALL ENTITY |                        |  |
| TC   | OTAL CLAIMS                                    |                                  | 3                                     |                                   |                                  |                  | RA                | ΓE                                      | FEE                    | 1  | RATE                    | FEE                    |  |
| FOR  |  |                                  | NUMBER FILED                          |                                   | NUMBER EXTRA                     |                  | BASIC             | FEE                                     | 375.00                 | OR | BASIC FEE               | 750.00                 |  |
| TC   | TAL CHARGEA                                    | BLE CLAIMS                       | 3 minus 20=                           |                                   | * (1                             |                  | X\$               | ——<br>9=                                |                        | OR | X\$18=                  | 100                    |  |
| INE  | DEPENDENT CL                                   | _AIMS                            | ろ minus 3 =                           |                                   | * 0                              |                  | X4:               |   |                        | 1  | X84=                    | 198                    |  |
| ML   | ILTIPLE DEPEN                                  | IDENT CLAIM PI                   | RESENT                                |                                   |                                  | <u> </u>         | 1                 |   |                        | OR | A04=                    |                        |  |
| * If   | the difference                                 | in column 1 is                   | loss than zero, enter "O" in column 2 |                                   |                                  | nolumn 0         | +14               | 0=                                      |                        | OR | +280=                   |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |                                  |                                       |                                   |                                  |                  |                   | AL                                      |                        | OR | TOTAL                   | 948                    |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |                                  |                                       |                                   |                                  |                  |                   | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |    |                         |                        |  |
| AMENDMENT A  |  | CLAIMS REMAINING AFTER AMENDMENT |                                       | HIGH<br>NUME<br>PREVICE<br>PAID I | EST<br>BER<br>OUSLY              | PRESENT<br>EXTRA | RAT               |   | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *                                | Minus                                 | **                                |                                  | =                | X\$ !             | 9=                                      |                        | OR | X\$18=                  |                        |  |
|  | Independent                                    | *                                | Minus                                 | ***                               |                                  | =                | X42               | ?=                                      |                        | OR | X84=                    |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                       |                                   |                                  |                  | +14               |   |                        |    | .000                    |                        |  |
|  |  |                                  |                                       |                                   |                                  |                  |                   | J=<br>)TAL                              |                        | OR | +280=<br>TOTAL          |                        |  |
|  | (Column 1) (Column 2) (Column 3)               |                                  |                                       |                                   |                                  |                  |                   | FEE                                     |                        | OR | ADDIT. FEE              |                        |  |
| AMENDMENT B  |  | CLAIMS                           |                                       | HIGH                              | (Column 2) (Column 3)<br>HIGHEST |                  |                   | -                                       | ADDI-                  | 1  |                         | ADDI-                  |  |
|  |  | REMAINING<br>AFTER<br>AMENDMENT  |                                       | PREVIO<br>PAID I                  | USLY                             | PRESENT<br>EXTRA | RAT               | Έ                                       | TIONAL<br>FEE          |    | RATE                    | TIONAL<br>FEE          |  |
|  | Total  | *                                | Minus                                 | **                                |                                  | =                | X\$ 9             | )=                                      |                        | OR | X\$18=                  |                        |  |
|  | Independent                                    | *                                | Minus                                 | ***                               |                                  | =                | X42               | =                                       |                        | OR | X84=                    |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                       |                                   |                                  |                  |                   |   |                        |    |                         |                        |  |
|  |  |                                  |                                       |                                   |                                  |                  | +140              | )=<br>TAL                               |                        | OR | +280=<br>TOTAL          |                        |  |
|  |  |                                  |                                       |                                   |                                  |                  |                   | FEE                                     |                        | OR | ADDIT. FEE              |                        |  |
|  |  | (Column 1)<br>CLAIMS             | 1                                     | (Colun                            |                                  | (Column 3)       |                   |   |                        |    |                         |                        |  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT  |                                       | NUME<br>PREVIC<br>PAID I          | BER<br>OUSLY                     | PRESENT<br>EXTRA | RAT               | Ε                                       | ADDI-<br>TIONAL<br>FEE | :  | RATE                    | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *                                | Minus                                 | **                                |                                  | =                | X\$ 9             | )=                                      |                        | OR | X\$18=                  |                        |  |
|  | Independent                                    | *                                | Minus                                 | ***                               |                                  | =                | X42               | ╗                                       |                        |    | X84=                    |                        |  |
| Ľ  | FIRST PRESE                                    | JLTIPLE DE                       | DEPENDENT CLAIM                       |                                   |                                  |                  | $\dashv$          |   | OR                     |    | <del></del>             |                        |  |
| *  | f the entry in colu                            | mn 1 is less than th             | ne entry in colu                      | ımn 2. write                      | "0" in co                        | lumn 3.          | +140              |   |                        | OR | +280=                   |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                                  |                                       |                                   |                                  |                  |                   |   |                        |    |                         |                        |  |

Application or Docket Number